

FILED VS OCT 19 1966

STATE FILE NUMBER

Registrar's No.

INDEX

1. PLACE OF DEATH a. COUNTY <u>DE KALB</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DE KALB</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MAYSVILLE</u>		c. CITY OR TOWN <u>UNION STAR</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Home et Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>Union Star Mo</u>	
3. NAME OF DECEASED (Type or print) <u>CHARLOTTE NEIL ROBISON</u>		4. DATE OF DEATH <u>OCT-7-1960</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/24-1876</u>	
9. AGE (last birthday) <u>84</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u> Hours <u>4</u> Min. <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DeKalb Co. Mo</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13. FATHER'S NAME <u>David Hartman</u>		13. MOTHER'S MAIDEN NAME <u>Nancy Bauwirth</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph Robison</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMANT <u>Way Miller, Maysville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral calcification</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>10 yrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>5 Men</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>3:30</u> a.m. <u>PM</u> Month, Day, Year <u>Oct 7 1960</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
STATE		21. I attended the deceased from <u>Dec 1959</u> to <u>Oct 7 1960</u> and last saw him alive on <u>Oct 5 1960</u> Death occurred at <u>3:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Harold Fowler D.D.</u>		22b. ADDRESS <u>Maysville Mo</u>	
22c. DATE SIGNED <u>10-7-60</u>		23a. BURIAL, CREMATION, OR OTHER <u>Buried</u>	
23b. DATE <u>10/9-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	
23d. LOCATION (City, town, or county) <u>Union Star Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Edgar Thayer Home</u>		25. DATE RECD. LOCAL REG. <u>10/11 60</u>	
26. REGISTRAR'S SIGNATURE <u>Carole Davidson</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

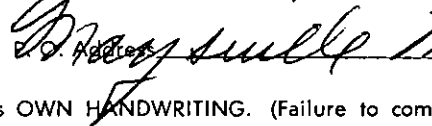
Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3960

C. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.